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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission  
EXCLUDING any Cited References**3**

Application Number

**09/954,621**

Filing Date

**09/17/01**

First Named Inventor

**Jerry G. Hodsdon**

Art Unit

**1794 (Conf. No. 6827)**

Examiner Name

**Patricia L. Nordmeyer**

Attorney Docket Number

**2961-US-B1****ENCLOSURES (Check all that apply)**Fees Due:  
\$810; RCE

Drawing(s)



After Allowance Communication to TC

Communication AFTER Allowance  
but BEFORE Payment of Issue Fee:

Licensing-related Papers

Appeal Communication to Board  
of Appeals and Interferences

Request for Continued Examination



Petition

Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)Petition to Convert to a  
Provisional Application

Proprietary Information



Power of Attorney, Revocation



Status Letter



Change of Correspondence Address

Other Enclosure(s) (please identify  
below):

Terminal Disclaimer

A \_\_\_\_ Month Extension of Time  
Request is made herewith.

Request for Refund

Information Disclosure Statement  
with copies of cited NPL items.

CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CDCertified Copy of Priority  
Document(s)

Remarks

Reply to Missing Parts/  
Incomplete ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53**Payment is made by credit card via EFS-Web.****The Director is authorized to charge underpayments or  
additional fees to Avery Dennison's Deposit Account  
No. 013025.****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

**Avery Dennison Corporation - Customer No. 63543**

Signature

**/Ronald Ugolick - Reg. No. 57,080/**

Printed name

**Ronald Ugolick - Reg. No. 57,080**

Date

**06/25/09**

Reg. No.

**47,771****CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

**/Rachele Wittwer/**

Typed or printed name

**Rachele Wittwer**

Date

**06/25/09**

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